

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **597913860**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		2		1		
3				1		
4	1		1			
5		2		1		
6				1		
7		2		1		
8				1		
9		2		1		
10				1		
11		2		1		
12				1		
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TOTAL D.		2		2		2
TOTAL P.		10		10		10
TOTAL AIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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